

Preliminary Design Washington State Quality Rating & Improvement System

EARLY LEARNING COUNCIL TECHNICAL ADVISORY GROUP (TAC) PROCESS

- The TAC, co-chaired by Graciela Valencia, Granger School District and Bridgett Chandler, Talaris Research Institute, consists of 21 members who met six times from September 8th through November 2nd.
- TAC members additionally participated in subcommittees that worked on specific categories. We estimate that TAC members spent more than 1800 hours working on this effort.
- The TAC work was enhanced and supported by the work of the Spokane tiered reimbursement pilot and a working group that originated with Child Care Resources, the Funder's Alliance, and Division of Child Care and Early Learning.
- Work remains to be done on refining the elements to be included in each category, deciding which elements should be required, and assigning points to the elements. Diverse provider and parent/family communities statewide need to be consulted on refining the system elements. More work needs to be done on the approach to tiered reimbursement.

WHAT IS A QUALITY RATING AND IMPROVEMENT SYSTEM?

A Quality Rating and Improvement System (QRIS) linked to tiered reimbursement provides clear steps, supports and incentives for family home and center based early learning and school-age providers to increase the quality of services they provide. The program ratings provide parents and families, communities, funders and policy-makers with information about the type and quality of early learning and school-age programs that are available in their community. The ultimate intent is to provide higher quality services that contribute to improved developmental outcomes for children.

GOALS OF A QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) ARE TO IMPROVE:

- Quality of care for all children, including children with special needs;
- Children's readiness for and continued success in school and life;
- Parent/family and community access to information about the quality of early learning and school-age programs; and
- Accountability and financing of the early learning and care system.

BASIC QRIS ASSUMPTIONS

- Provider participation in the system is voluntary (HB 1152);
- Support for parent/family involvement is a key principle in the design and implementation of QRIS;
- Implementation will be statewide, following initial pilots;
- Licensed providers as well as ECEAP and Head Start programs will be included;
- Licensing standards and tribal certification are equivalent;
- QRIS is built on compliance with licensing/certification standards which include child health and safety components;
- Changes to QRIS design are expected in response to comments, experiences of pilot participants, and other feedback;
- QRIS will undergo periodic review and continuous improvement;
- Resources and supports need to be available for:
 - o QRIS infrastructure;
 - o Program and self-assessment;
 - o Cohort groups that support providers working toward accreditation;
 - o Mentoring, technical assistance and consultation;
 - o Quality improvements;
 - o Additional costs associated with providing quality services, e.g. lower staff-child ratios and improved salaries and teacher wages.
 - o Training and education (including scholarships) and other professional development;
 - o Incentives for participation not linked to subsidy payments for all QRIS participating providers, e.g. regular bonuses, bonuses when providers move from one level to the next, pooling for health benefits or provider recognition (press releases, certificates, and bumper stickers etc.);

These supports should build on existing services and systems including resource and referral, health consultation, STARS, and community and technical colleges; articulation needs to be ensured among training and education levels;

- Support for increased teacher wages (*Wage and Career Ladder*) and *Tiered Reimbursement* are crucial elements to a successful QRIS;
- Basic reimbursement rates paid to providers serving children supported with state funding (whether or not they participate in QRIS) need to reflect the

market price of care in communities (the 75th percentile of market rates is recommended under the Child Care and Development Fund and by the TAC) but is not required prior to implementation of the pilot

Basic QRIS Design Elements

- The system uses a combination of requirements (building blocks) and points that allow multiple pathways to demonstrating higher quality.
- The system includes five levels that provide realistic steps providers can take in improving the quality of their services. Level 1 is the first step and Level 5 the highest.
 - o Level 1: Program complies with licensing standards, including health and safety components;
 - o Levels 2-4: Program complies with licensing standards, meets Level and category requirements, and earns quality indicator points required by the Level;
 - o Levels 2-4: Are aligned with progress required to reach accreditation;
 - o Level 5: Program complies with licensing standards, Level and category requirements, and earns quality indicator points required by the Level (accreditation or equivalent as validated by an external entity).
- Recognizing the strength of a system that supports parents' and families' various choices for care settings, the QRIS focuses on common outcomes for children. Separate tracks will be provided for family homes, centers and school age care programs. These tracks will be integrated wherever possible.

OTHER ISSUES:

Administration

- Lead entity is needed to oversee implementation including communication and maintaining the information system;
- Program assessment needs to be done by independent individuals who are qualified and trained (inter-rater reliability across assessments is critical);
- Licensors would review provider materials including the results of the independent program assessment and assign ratings;
- Evaluation needs to be built into the system to ensure fidelity in implementation and improvements in program quality and child outcomes.

Outreach

- Provider input is critical to the success of QRIS (there needs to be buy-in from diverse providers statewide for the system to work).
- Funding and staff are needed to develop messages, tool kits, train, track and provide feedback;
- Targeted messages will need to be delivered to families, businesses, communities, providers connected to *Washington Learns*;

Tiered Reimbursement Considerations:

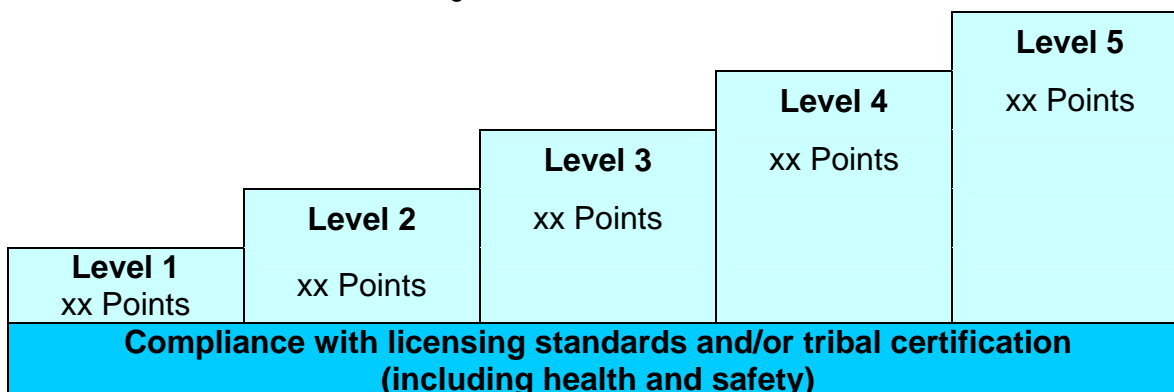
As implemented in the Spokane Pilot, participating providers (homes and centers) must serve at least 25% DSHS subsidized children. When providers formally apply to begin the accreditation process they receive a 5% enhancement to the rates they are paid for subsidized children. When they achieve accreditation, they receive a 9% enhancement. The enhanced funds are paid as quarterly bonuses to participating providers and are calculated based on the full subsidy rate, including the parent co-pay and the DSHS subsidy.

THE TAC RECOMMENDS:

- The enhancements be sufficient to serve as an incentive to participation and to off-set the additional costs associated with providing higher quality care;
- Consideration be given to enhancements that are disconnected from individual children served and/or the purchase of some slots in high quality programs to provide greater stability in program revenue;
- Consideration be given to including providers who serve fewer subsidized children;
- Developing and supporting a variety of options for provider training and education, including convenient locations, language used, and training schedules.
- Acknowledging the need to provide high quality and accessible information for parent/families and Family, Friend and Neighbor(FFN) care providers, the QRIS gives us the opportunity to draw from a rich set of resources to create helpful tools.

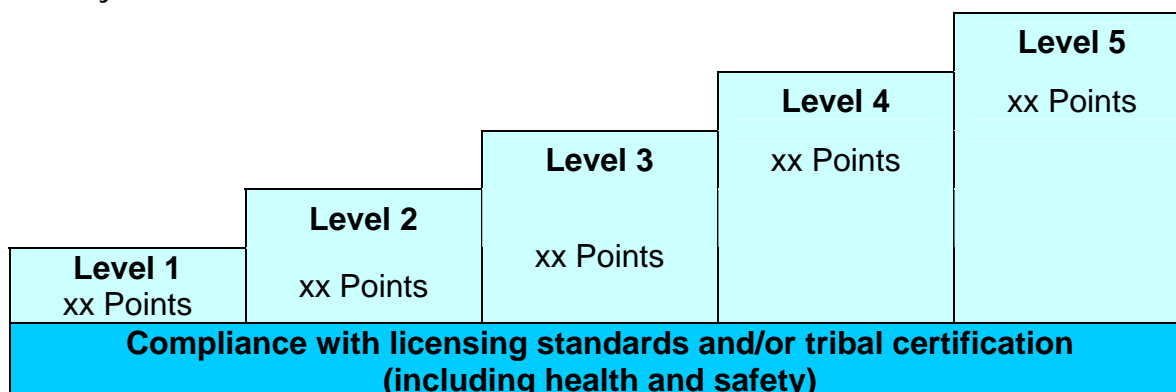
QRIS MODELS:

Child Care Center and School Age Care:



Child Care Center and School Age Care Categories for Quality Indicators	
Category	Possible Points
Professional Development: Teacher Qualifications; Director Qualifications	xx
Curriculum and Learning Environment	xx
Management Practices	xx
Quality Improvement and Program Assessment	xx
Parent/Family and Community Partnership	xx
Total	xx

Family Child Care Home:



Family Child Care Home Categories for Quality Indicators	
Category	Possible Points
Professional Development: Provider and Assistant Qualifications	xx
Curriculum and Learning Environment	xx
Management Practices	xx
Quality Improvement and Program Assessment	xx
Parent/Family and Community Partnership	xx
Total	xx